



## 18/090 GENERAL UPDATE

The Chief Officer reported;

- The Integrated Care System and alliance were progressing well. The Health and Wellbeing Board had recently held a session regarding the alliance with presentations by the Hospice, West Suffolk Councils, community and social care staff.
- The CCG's clinical engagement events were improving with increased collaboration between clinical staff and organisations.
- Although an update on the Mental Health Review was to be provided in November 2018, the Governing Body was informed that the needs assessment had now been completed. Engagement work had also taken place with 100,000 responses having been received from people in Suffolk.
- The Care Quality Commission had recently carried out a further inspection of Norfolk and Suffolk NHS Foundation Trust and feedback was awaited.
- The Integrated Urgent Care Service was due to be launched on 1 November 2018.
- A development support programme for staff had recently been launched.
- The Chief Corporate Services Officer had been asked to carry out work in preparation for a 'no deal' Brexit, with any identified risk being fed into the Governing Body Assurance Framework.

**The Governing Body noted** the Chief Officer's verbal update.

## 18/091 COMMUNITY ENGAGEMENT GROUP MINUTES

The Chair of the Community Engagement Group (CEG), presented the minutes of the Group's last meeting, which had been held on 23 August 2018.

Key points highlighted included;

- The CEG had received a very interesting presentation on the 100 Day Challenge and, having questioned how the work would progress, had welcomed the opportunity to be provided with further updates.
- The CEG had highlighted concern at continued funding cutbacks within Health and Social Care.

The Chief Transformation Officer reported that it was intended that the 100 Day Challenge work would be publicised in the near future. A business case was due to be finalised in November 2018 that would attempt to mainstream some of the work and extend the 100 Day Challenge methodology.

The Chief Officer advised that the financial risk remained challenging, and emphasized the importance of the alliance that enabled organisations to work together.

The Lay Member for Patient and Public Involvement reported that six new members had joined the CEG and discussions had taken place as to how the CEG might participate in bringing the CCG's Community Engagement Strategy alive and be more effective going forward. A development meeting had been held on 25 September 2018 and it was intended that an audit of communication links with the community take place. A joint meeting with the Community Engagement Partnership of Ipswich and East Suffolk CCG was planned on 10 October 2018.

**The Governing Body noted** the update.

## **18/092 PATIENT STORY**

The Governing Body was informed that Channel 4 had recently carried out some interviews at Thurston school in relation to its initiative of establishing a child psychologist within the school to work with pupils in respect of mental health issues. The initiative was to be rolled out to a further four schools across the West Suffolk area as part of the transformation funding. **The Chief Operating Officer agreed** to provide members of the Governing Body with a link to the Channel 4 programme.

Having questioned what support was available during school holidays it was suggested that there might be benefit from pursuing the recruitment of psychologists within multi-disciplinary teams and GP practices.

A member of the public present at the meeting who advised that his wife was a clinical psychologist suggested that there should be some caution associated to roll out as there was potential for tension between educational organisations and therapy. He also informed the Governing Body that an organisation in Cambridge had implemented a similar model to that at Thurston.

## **18/093 WEST SUFFOLK ALLIANCE TRANSFORMATION FUND**

As approved by the Governing Body at its previous meeting, West Suffolk CCG had developed a £1.4m Transformation Fund for 2018/19. The Fund was provided to support proposals, which demonstrated transformational change linked to the emerging West Suffolk Alliance Strategy in line with set criteria. The Fund was additional to other national, STP and CCG resources dedicated to specific, individual clinical, provider or system operational objectives e.g. diabetes, Primary Care and digital funds.

This Alliance-focused Transformation Funding identified by the CCG was non-recurrent revenue to be allocated during the financial year 2018/19. It was not intended to support business as usual activities or service capacity gaps unless it could be demonstrated that it would deliver transformational change or return on investment. As it was non-recurrent revenue it could not be used for recurrent expenditure (unless the funding beyond 2018/19 had been identified from another source) or public sector capital expenditure.

A deadline 10 August 2018 had been set for the receipt of bids. 65 bids had been received by the deadline totalling £8.2m. A pre-filter stage was held within the CCG to ensure bids met the core requirements of the Fund which resulted in 53 bids totalling £5.9m going forward to the Transformation Fund Panel for scoring.

All 53 bids were individually scored by senior Alliance representatives from the CCG, West Suffolk Foundation Trust, Suffolk GP Federation, Suffolk County Council and Forest Heath District and St Edmundsbury District. The decision-making Panel further included representatives from Norfolk and Suffolk Foundation Trust, St Nicholas Hospice and Babergh and Mid Suffolk Councils/ The Panel was chaired by the Chief Executive of Healthwatch.

Metrics used to review the bids totalling £1.4m recommended for approval were outlined in paragraph 2.4 of the report.

Patient and public engagement was provided via Healthwatch. Bids were required to demonstrate how bidders intended to work with patients and the public, and how proposals were linked to existing patient and public feedback.

Following the Governing Body's decision, all bidders would be formally notified of the outcome of the process and the next steps. Each project would then be monitored

via a monthly progress update to the CCG and Alliance Board. Proposals that were not successful would be provided with brief written feedback and able to resubmit revised proposals at a future phase, should funds allow.

All successful proposals would need to complete a benefit realisation document at an agreed point (defined in bid) to confirm how the funding had been used and the benefits gained. The process would be managed via the CCG Project Management Office.

It was also proposed to carry out a lessons learned review of the Transformation Fund bidding and assessment process. All bidders and assessors would be sent a survey to invite their feedback. The results would inform future funding processes; an associated report would be presented to the Governing Body in either November 2018 or January 2019.

The Governing Body was informed that although the evaluation process had been challenging, a lot of intelligence had been gained for use in the longer term.

Having noted that funding was non-recurrent, it was explained that the Buurtzorg funding was intended to match funding from other partners and a decision on future resourcing could be taken at a later date if the scheme was successful.

Having queried how the voluntary and community sector might be more involved in any future process, it was explained that it would be considered as part of the lessons learnt review. It was also suggested that the provision of locality funds might be explored and organisations encouraged to work together on similar bids.

**The Governing Body approved** the bids as recommended by the Transformation Fund Panel and set out within paragraph 2.4 of the report **and welcomed** the receipt of further updates at a later date.

#### **18/094 GP EXTENDED ACCESS**

The General Practice Forward View (2016) set out plans to enable clinical commissioning groups (CCGs) to commission and fund additional capacity across England. The aim was to ensure that, by 2020 everyone had improved access to GP services including sufficient routine appointments at evenings and weekends to meet local demand, alongside effective access to out of hours and urgent care services.

Refreshed planning guidance published in February 2018, now required CCGs to provide extended access to GP services, including at evenings and weekends, for 100% of their population by 1 October 2018. That should include ensuring access was available during peak times of demand including bank holidays and across the Easter, Christmas and New Year periods.

The NHS Operational Planning and Contracting Guidance 2017 – 2019 set out the funding trajectory for the work. West Suffolk CCG had been provided with an allocation of £3.34 per head of population (2018/19) to meet the target of 30 minutes of appointment time per 1,000 population. That was due to increase to £6 per head of population (2019/20) to provide 45 minutes of appointment time per week per 1,000 population. The guidance also set out a number of core requirements which commissioners were required to demonstrate they were meeting as detailed within paragraph 1.3 of the report. The report went on to set out progress in relation to each requirement.

Section 4 of the report identified opportunities for further development.

The Chief Officer invited Members views on the Local Medical Committee in Essex, as part of its primary care strategy, having utilised the hub model in-hours.

Comments included;

- Whilst recognising the pressure and challenges being faced by the GP workforce, the safety aspects of asking the existing workforce to work additional hours was questioned.
- It was felt that the in-hours hub model could relieve pressure on GPs if the skill-mix was multi-disciplinary.
- Although a hub facility in-hours could assist over-stretched practices, if hubs were based in more urban areas there might be inequality of health care for rural areas. Consideration would need to be given to indemnity issues, together with continuity of care for those patients that had complex health issues or were elderly and frail. Thought would also be required as to what affect travelling to hubs might have on various cohorts of patients.
- Whilst recognising the points made there would continue to be a need to carefully consider how funding was used going forward.
- If the Essex in-hours hub model was to be considered it was also suggested that consideration be given to the Banbury and Oxfordshire primary care visiting service and a further initiative implemented in Scotland.

**The Chief Officer thanked** Members for their comments **and agreed** to plan a workshop to facilitate exploration of strategies and initiatives in more detail.

**The Governing Body noted** the content of the report and **was pleased to note** the CCGs compliance with the seven core requirements.

#### **18/095 WINTER SURGE AND PRESSURE PLAN 2018/19**

The Governing Body was in receipt of a report which sought approve of the Winter Surge and Pressure Plan 2018/19 prior to its submission to NHS England by the end of September 2018.

The Suffolk CCG Winter/ Surge Plan was a system document that outlined the combined approach from all stakeholders across the health and social care economy. The Plan had been finalised subject for submission to NHS England by the end of September 2018 and would be monitored through the two Suffolk Local Emergency Department (ED) Delivery Boards (West and East).

A dedicated CCG led escalation team was in place to oversee day to day delivery of the plan and liaise across all of the commissioning and provider organisations to ensure that the schemes contained were implemented. This role will also provide a rapid and coordinated approach to dips in performance during any period of high demand, using combined intelligence to ascertain what additional actions are required during this time.

The Winter Plan, supported by a number of appendices, was appended to the report. All of the CCGs main providers had contributed to its development and the Plan covered key areas as outlined in guidance from NHS England.

The CCG Escalation Team would work closely with key stakeholders (including onsite support) to maintain performance and delivery throughout the period.

It was reported that the Plan was currently in draft format and might require some final small revisions as the template from NHS England had not yet been received.

How data in relation to primary care might be obtained in order to inform development of the Plan was questioned. It was reported that whilst secondary care information was robust it was difficult to clarify primary care activity and ideas were welcomed. Although 'consultations per GP' was offered as a suggestion, it was noted that it was no longer the case that all appointments were similar and they varied across practices.

**The Chief Operating Officer agreed** to establish a small working group to explore the issue in more detail. The need to determine how information was to be used, was emphasized.

**The Governing Body noted and approved** the Winter Surge and Pressure Plan 2018/19 for submission to NHS England by end of September 2018.

## **18/096 NORFOLK AND SUFFOLK PRIMARY AND COMMUNITY CARE RESEARCH OFFICE ANNUAL REPORT 2017/18**

All CCGs had a constitutional duty to promote research and the use of evidence obtained from research. One key way in which that was undertaken was in partnership with Norfolk and Suffolk Primary and Community Care Research Office. Each year the Research Office formally reported back to CCGs with its Annual Report which was appended to the report for the Governing Body's consideration.

The Research Office's annual plan was developed within its five year (2014 -18) research strategy. The strategy had a vision to 'promote a culture that enhanced the health and wellbeing of the population of Norfolk and Suffolk through involvement in research and its translation into practice'.

The Office had supported 43 discrete grant proposals during 2017/18 in partnership with academic, NHS and other healthcare providers. 143 studies were active at the end of the year (some being approved in previous years). Two Research for Patient Benefit applications submitted by UEA academics had been recommended for funding in 2017/18:

- LaB2 – The Learning and Breathlessness Study to develop an education intervention for carers of patients with breathlessness in advanced disease, which was due to report in December 2019
- PEP TaLK – a behaviour change physiotherapy intervention to increase physical activity following hip and knee replacement – the date of the report was to be confirmed.

Public and patient involvement in each stage of the research process from inception to implementation, analysis and lay dissemination was described in Section 3.2 of the report. Overall more than 6,000 patients from primary and community sites in Norfolk and Suffolk had taken part in nationally important studies.

Research was disseminated through collaboration with national and local bodies as set out in Section 5 of the report. In 2017/18 there had been a particular rise in the use of Twitter to promote opportunities to participate in research.

The Research Office's funding was set out in Section 7. The Annual Report noted that a review of Research Capability Funding might have implications for the future. The Research Office was scoping its future strategy with greater emphasis on evidence to support commissioning.

Having noted that much of the report was associated to Norfolk, the need along with Public Health colleagues, to engage and attempt to influence future work was highlighted.

**The Governing Body reviewed and noted** the content of the Report.

## **18/097 INTEGRATED PERFORMANCE REPORT**

The Governing Body was in receipt of the Integrated Performance Report, which provided members with a summary of performance against national targets, contractual targets, clinical quality and patient safety issues, financial performance and acute activity, together with detailing work being carried out by the transformation, project management office and primary care teams.

### Clinical Quality and Patient Safety

Key points highlighted included;

- West Suffolk NHS Foundation Trust (WSFT) – the Trust currently had a large number of nursing vacancies and the situation was being monitored closely.
- Norfolk and Suffolk NHS Foundation Trust (NSFT) – a large number of inspectors from the Care Quality Commission had recently carried out a comprehensive review of all services. A series of unannounced visits were to follow and it was expected that the Care Quality Commission's report would be available towards the end of the year. The CCG's Chief Nursing Officer had recently met with NSFT's Chief Operating Officer to discuss development of an action plan associated to the learning disability inpatient facility at Walker Close.
- The East of England Ambulance Service NHS Trust (EEAST) – the recruitment and retention of staff continued to be a risk going into winter and support was being provided to the Trust to address those issues. Health Education England was investing support for EEAST to help address its recruitment and retention issues and EEAST's Medical Director was reviewing the programme in place with regard to the recruitment of paramedics.
- Continuing Healthcare – assessment performance was good and current focus was on personal health budgets.

The Governing Body was reassured that WSFT was aware of the consequences of its staffing issue on patient safety and the challenge it faced going forward. The need to carefully monitor any impact on WSFT from hospitals nearby going into 'special measures' was emphasized.

### Finance

- The CCG was on track to meet its financial target of a break-even position at year end. Potential risks were mitigated by the use of contingency and reserves.
- There was currently an underlying surplus of £1.6m.
- The CCG was over-achieving its QIPP delivery plan.

The impact of not delivering QIPP on the ability to identify transformation funding, was highlighted.

### Transformation

- Integrated Care – projects were currently rated as 'amber'. A business case for the Connect Newmarket scheme had been submitted to the STP Board and a project manager was being sought. There was ambition by the hospital for patients to have a 'date for diary' with regard to expected discharge and support.

Consideration was required as to how demand management bids that had not been approved for transformation funding might be facilitated within existing resource. A&E attendances were above plan by 0.9% and the Emergency Department Board was reviewing key performance indicators.

- Elective Care – all projects were ‘green’ rated and on track. There had been a delay to introduction of musculo-skeletal single point of access and report was to be presented to the Elective Care Board later today. A key concern was that ‘follow ups’ at West Suffolk Hospital were 2.7% above plan and shift of activity from Addenbrookes into West Suffolk Hospital was being explored. Focus continued on the reduction of 52 week waits.
- Children and Young People – work was rated as ‘amber’. There was concern with regard to the high demand on the recently established Emotional Well-Being Hub and weekly meetings were being held with the provider. A Speech and Language Therapy business case would be finalised in October 2018.
- Mental Health – projects were rated as ‘amber’ psychiatric liaison evaluation was taking place and an early intervention psychosis model had been agreed with Norfolk and Suffolk NHS Foundation Trust in line with NICE guidance. The Mental Health model was progress well and due for report to the Governing Body in November 2018.

### Contractual Performance

Key points highlighted included;

- **West Suffolk NHS Foundation Trust** – A&E performance had improved and was good at a national level. Although 18 week Referral To Treatment times had improved and were on track there had been a dip in August 2018. 52 week waits had been reduced with recovery expected in October 2018. Cancer performance remained a key focus.
- **Norfolk and Suffolk NHS Foundation Trust** – IAPTS were progressing well, although childrens’ waits continued to be of concern. Although initial demand on the Emotional Well-being Hub had been addressed a second backlog had now been generated and an action plan was in place. The Early Intervention Psychosis scheme had not been capturing patients accurately. A business case had been agreed and recruitment commenced with the expectation that targets would be achieved by year-end.
- **East of England Ambulance Service NHS Trust** – although there had been improved performance EEAST were not meeting the eight minute standards.

Having raised concern that 52 week waiting times were not being met, the Governing Body was informed that weekly meetings were being held to review all patients currently waiting over 30 weeks.

### Primary Care

- Care Quality Commission – all practices had achieved either ‘good’ or ‘outstanding’ ratings with the exception of Christmas Maltings and Clements that had been rated as ‘requires improvement’. The CCG was providing support to the practice to address the situation.
- The CCG had received a strong patient survey result and focus going forward would be on dementia and learning disability.
- Dementia Diagnosis rates remained challenging and medicines management staff were currently reviewing ‘at risk’ registers within practices in an attempt to identify cases. 23 of 24 practices had signed up to the Dementia local enhanced service.
- Prescribing QIPP was ahead of plan and £174k underspent against budget for July 2018.

## Letter from NHS England re Elective Care and CCG Response

The Governing Body was in receipt of a letter received from NHS England seeking assurance in relation to 18 week waiting times and the CCG's subsequent response which recognised the challenges going into winter.

**The Governing Body noted** the content of the report

### **18/098 GOVERNING BODY ASSURANCE FRAMEWORK**

The Chief Corporate Services Officer presented the current version of the Governing Body Assurance Framework (GBAF) together with a summary of Chief Officer local risk registers.

Amendments and additions to the GBAF were detailed within Section 2 of the report, with key aspects of departmental risk register being listed in Section 3.

- There was a new risk associated to cyber security which had been put onto the GBAF from the corporate services risk register in light of a national requirement to raise the profile. It was intended that the CCG's Clinical Scrutiny Committee would be asked to carry out a 'deep dive' into cyber security at its meeting in October 2018. Work was being carried out with NEL, the CCG's IT provider to deliver the action plan. It was expected that by 2020 organisations would need to be accredited by cyber essentials.
- The Chief Nursing Officer reported that a recent letter had been sent to the Department of Education providing an update on performance in relation to Special Educational Needs and Disability (SEND) reforms, and a paediatrician had recently been offered the position of Designated Doctor for Safeguarding of Children.

The Governing Body **noted** and **approved** the GBAF as presented.

### **18/099 PROCUREMENT UPDATE**

The Governing Body was in receipt of a report, which detailed procurements completed since the last update and those currently in progress and planned.

Key points highlighted during discussion included;

'Most Capable Provider' processes had commenced in respect of pain management and musculo-skeletal services.

Contracts currently under review in order to ascertain procurement implications included;

- Stroke Early Supported Discharge
- Pathology Services
- Integrated Physiotherapy Services

**The Governing Body noted** the content of the report.

### **18/100 PROPOSED CHANGE TO THE SCHEME OF DELEGATION**

The Chief Finance Officer introduced a report which sought approval for an amendment to the scheme of delegation for Continuing Healthcare.

The scheme of delegation sets out the powers delegated to various committees and officers of the CCG from the Governing Body. Although it was due for review at a future meeting, in the meantime, a change was proposed to the delegated financial limits in order to make the day to day operation of continuing healthcare more efficient.

Having reviewed the proposed changes at its meeting on 31 July 2018, the Audit Committee was recommending that the Governing Body approve the changes in line with the CCG's governance processes. Extracts from the Audit Committee report and minutes was set out in Section 2 of the report.

**The Governing Body approved** the proposed changes to the scheme of delegation, as set out within the report, pending the next overall review of the document.

#### **18/101 MINUTES OF MEETINGS**

The Governing Body received the following minutes and decisions from meetings:

**a) Audit Committee**

*The unconfirmed minutes of a meeting held on 31 July 2018.*

**b) Finance and Performance Committee**

*The confirmed minutes of a meeting 18 July 2018.*

**c) CCG Joint Collaborative Group**

*The unconfirmed minutes of a meeting held on 2 August 2018*

**d) West Suffolk CCG Primary Care Commissioning Committee**

*The unconfirmed minutes of a meeting held on 25 July 2018.*

**e) Commissioning Governance Committee**

*The confirmed minutes of a meeting held on 25 July 2018 and unconfirmed minutes of a meeting held on 22 August 2018*

**The Governing Body received and endorsed** the presented minutes and decisions.

#### **18/102 DATE AND TIME OF FUTURE GOVERNING BODY MEETINGS**

*0915 - 1200 Wednesday 28 November 2018, Conference Room, West Suffolk House, Western Way, Bury St Edmunds, Suffolk*

#### **18/103 QUESTIONS FROM MEMBERS OF THE PUBLIC**

No questions were received.

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**Chair (Dr Christopher Browning)**

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**Date**